

**MEDICATION HISTORY SOFTWARE
Request For Proposal (RFP) YH08-0071
QUESTION AND RESPONSE FORM**

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
2.1	Overview	General		What PBMs (pharmacy benefit managers) are associated with the Health Plans that are participating?	<p>The following PBMs are providing service to the Plans that cover AHCCCS members:</p> <p>Acute Care Plans: APIPA = Medco Care 1st = Medco CMDP = RxAmerica HealthChoice = Express Scripts (ESI) Maricopa Health Plan = Express Scripts (ESI) Mercy Care = Express Scripts (ESI) Phoenix Health Plan = Express Scripts (ESI) Pima Health = United Drugs University Family = Express Scripts (ESI)</p> <p>Long Term Care Plans: Bridgeway = US Scripts Cochise = United Drugs DES/DDD = RX America Evercare = Prescription Solutions Mercy Care = Express Scripts (ESI) Pima Health = United Drugs Pinal Gila LTC = United Drugs Scan = Express Scripts (ESI) Yavapai = WHI</p>
2.2	Overview	General		Where are the participating health plans listed on the web site?	From the Home Page, select “List of Health Plans” under “Quick Links” in the center of the page. http://azahcccs.gov/site/
2.3	General			Given that our capabilities allow us to offer either the data sourcing through the service oriented	AHCCCS has no preference regarding the inclusion of two options. The vendor should select the method of description and presentation felt to

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				architecture or that capability integrated with a Viewer style UI, is it permissible to include both options in our proposal? And if so, is it permissible to include two pricing schedules in our proposal, one for each option, or is it preferable to reflect both in a single pricing schedule?	<p>provide AHCCCS an understanding of the options available and the information needed to compare and contrast those options. If two options are proposed, that approach should be followed throughout the document, clearly identifying to which option a response applies. The vendor might consider submitting two proposals, one for each option.</p> <p>As described in the RFP, the approach which is most compatible with the AHCCCS HIEHR Utility Prototype architecture is for the vendor to publish to the RLS and respond to a web service request for Medication History data. The HIE Viewer will provide the display, sort, and print functions.</p>
2.4	Pricing Schedule	Planning Assumptions	13	Have the deliverable dates in the RFP been deferred given that the entire procurement process has been? And if so what are those dates?	<p>Yes, the dates have been deferred. We are now anticipating a September Go Live for the Proof of Concept. However, due to the unanticipated high level of interest in this RFP and the corresponding need to permit the AHCCCS team ample time to review each response, we have not yet revised our timetable</p> <p>As described in the Implementation section of the RFP (Exhibit E), we ask that the focus be on the vendor's approach and estimate. (See Q70). Please respond based on your experience assuming AHCCCS will provide the required resources for HIE integration and accommodate the schedule requirements.</p>

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2.5	General			What are the healthcare settings for the users accessing the data? For example, will data only be provided to users in hospital settings or would ambulatory settings also be involved?	In Phase I, the target settings are the ED, outpatient clinics and private physician practices associated with three large (3) hospitals in Maricopa County.
2.6	Exhibit C-Business Functional Requirements	General		Is AHCCCS expecting de-duplication of data? And if so, for medication, what criteria will be used to identify duplicates?	In Phase I, there will only be one provider of Medication History. It is expected that patients will be uniquely identified and that each patient's records will be aggregated to provide twelve (12) contiguous months of data. Effective management of potential duplicates would be the value-add offered by the vendor.
2.7	Exhibit	Q28	62	Please provide a list of the PBMs used by the MCOs working with AHCCCS	See Q2.1 of this document.
2.8	General Vendor Requirements	Product Overview	62	Would AHCCCS be willing to include e-prescribing in addition to the medication history in Phase I if the costs were equal to or less than just the medication history?	<p>The intent of the RFP is to procure a vendor for Medication History. Our current architecture is not designed to incorporate applications. We are unable to envision how ePrescribing could be implemented within the current architecture, cost and time constraints. If the vendor is able to propose a solution that clearly meets those requirements, the AHCCCS team is willing to review.</p> <p>As noted in the RFP, AHCCCS has requested to review Medication History products which may offer a clear advantage if ePrescribing is added at a later date. See Q31 of the RFP.</p>

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					It is important to note that the requirements for ePrescribing are quite different from Medication History. It is likely that a separate procurement will be required.
2.9	Exhibit B – General Vendor Requirements Questionnaire	37.1	64	What is meant by and the purpose of “certification”?	Some vendors have stated there is a formal process for certifying the AHCCCS display of data delivered through their solution. If such a requirement exists, AHCCCS desires to understand the details of the program.
2.10	Exhibit C-Business Functional Requirements	F.1,F.2	68	These appear to be written for Viewer functionality. Should these be answered only from the ability of the proposing vendor to return the associated data elements when requested through web services?	These requirements are fundamental to the Medication History capability regardless of approach. As stated in the RFP, the preferred solution employs the AHCCCS viewer for display of the Medication History data. If the vendor has an alternative approach they wish to discuss, those details need to be delineated.
2.11	Exhibit C-Business Functional Requirements	F.1.2	68	Which of the listed data fields are required and which are optional?	We will likely display all data elements available through your solution. Please identify the specific data elements that are captured by your solution.
2.12	Exhibit C-Business Functional Requirements	F.1.2.2	68	What specifically is meant by “category?” For example, is this therapeutic class?	Category is a generic term that represents one field used to sort and filter the Medication History data into useful groups. Therapeutic class is one example of a Category for Medications.
2.13	Exhibit C-Business Functional Requirements	F.1.2.7	68	Can we have more detail about the expected content of this field? For example, is this a code, descriptive text etc...	It is preferred and most flexible to have both the diagnosis code and description available. Each vendor is to describe what is available in their solution.
2.14	Exhibit C-Business Functional Requirements	F.1.2.14	68	What exactly is meant by “renewal date?”	This refers to the date the order/prescription for the Medication was renewed. Please describe if this field is provided in your solution and how it is used.

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2.15	Exhibit C-Business Functional Requirements	F.1.2.13	68	What exactly is meant by “status” and its sub-fields?	Status refers to the state of the prescribed Medication (often Active/Inactive/Cancel) and may be used to quickly filter the list. For example, if the medication was canceled, the date and reason may also be captured depending on the source of the data. Please describe if these fields are provided in your solution and how they are used.
2.16	Exhibit C-Business Functional Requirements	F.1.2.15	69	What exactly is meant by “comment?”	If Comments (text) were entered at the data source, they would likely be displayed here. Please describe if this field is provided in your solution and how it is used.
2.17	Exhibit C-Business Functional Requirements	F.1.2.16	69	These appear to be written for Viewer functionality. Should this be answered only from the standpoint of the ability of the proposing vendor to return the associated data elements when requested through web services? Can you define more specifically what is meant “limited details” versus “additional prescription details?” e.g. What data elements?	If the proposed solution uses the AHCCCS Viewer, the AHCCCS team will display fields based on what is sent via the web services interface. See also Q2.11 of this document. If a Viewer is part of the vendor’s solution, then an option to drill down for additional data should a limited display be provided is desired as indicated in this requirement. In that scenario, the vendor will need to describe “limited” for AHCCCS. Please be certain to detail which approach you are describing in your response.
2.18	Exhibit C-Business Functional Requirements	F.1.3 and its sub-elements	69	These appear to be written for Viewer functionality. Should this be answered only from the	If the proposed solution uses the AHCCCS Viewer, the AHCCCS team will display fields based on what is sent via the web services

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				standpoint of the ability of the proposing vendor to return the associated data elements when requested through web services?	interface. See also Q2.11 of this document. Please describe if these fields are provided in your solution and how they are used.
2.19	Exhibit C-Business Functional Requirements	F.1.3.2	69	Is “dispensed amount” referring to dispensed quantity? Should this also include the unit of measure?	Yes, amount includes quantity and units. The vendor should discuss how this is provided in the data.
2.20	Exhibit C-Business Functional Requirements	F.1.3.3	69	Is “location dispensed” the location name, i.d., type, or some other information	Location ID would be difficult for the User to evaluate. Please describe the field(s) provided in your solution.
2.21	Exhibit C-Business Functional Requirements	F.1.4	69	These appear to be written for Viewer functionality. Should this be answered only from the standpoint of the ability of the proposing vendor to return the associated data elements when requested through web services?	If the preferred solution is deployed (See Q2.3 of this document), then these requirements are managed by the AHCCCS Viewer. The proper response is “O” and the narrative column can be used to describe the functionality. If a Viewer is part of the vendor’s proposed solution, then these requirements should be answered per the Instructions.
2.22	Exhibit C-Business Functional Requirements	F.1.5	69	These appear to be written for Viewer functionality. Should this be answered only from the standpoint of the ability of the proposing vendor to return the associated data elements when requested through web services?	If the preferred solution is deployed (See Q2.3 of this document), then these requirements are managed by the AHCCCS Viewer. The proper response is “O” and the narrative column can be used to describe the functionality. If a Viewer is part of the vendor’s proposed solution, then these requirements should be answered per the Instructions.
2.23	Exhibit D-Technical/System Requirements	T.1.1	71	These appear to be written for Viewer functionality. Should this be answered only from the	As a Data Provider, AHCCCS needs to understand how the patient’s data is protected by your solution in your environment.

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	Questionnaire			standpoint of the ability of the proposing vendor to return the associated data elements when requested through web services?	
2.24	Exhibit D-Technical/System Requirements Questionnaire, First Round Question Responses	T.1.3, Questions 61 & 62	71	Is consent needed on a transactional basis as opposed to globally opting in? Is this consent managed in the message or is it supported by an opt-in/ opt-out database?	While often global in nature, consent may be based on diagnosis, medication type/class, or the specific medication itself. AHCCCS desires to understand what level of consent management is offered by your product/solution.
2.25	Exhibit D-Technical/System Requirements Questionnaire	T.2	72	These appear to be written for Viewer functionality. Should this be answered only from the standpoint of the ability of the proposing vendor to return the associated data elements when requested through web services?	The Viewer audit function will capture only the Patient and Record identifiers for Medication History viewed. The details re: the actual clinical data accessed/viewed are the responsibility of the vendor.
2.26	Exhibit D-Technical/System Requirements Questionnaire	T.3.1	72	What is the permissible lag time between data becoming available and when that data is integrated into the metadata?	The goal is to be as near to real-time as possible. As noted in Q41 of the First Round of Q&A, "It is desired that the integration with each Data Provider is transaction-based and occurring in real time."
2.27	Exhibit E – Implementation Questionnaire	Planning Assumptions	76	Will the Beta test timeframe be moved from 6/18/08? If so when will the Beta start?	Please see Q2.4 of this document.
2.28	Exhibit E-Implementation Questionnaire	79	79	If we provide a Viewer type solution, it is clear what type of end users would constitute the audience, however, assuming we are only providing data through the	It is likely that there would be training/work sessions with the AHCCCS Technical team and Training resources relative to the data being displayed via your solution.

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				service oriented architecture, what audience would training target?	
2.29	Exhibit B-General Vendor Requirements Questionnaire	52.1.1	66	Which of these measurements does AHCCCS consider relevant to database response versus viewer response capabilities?	The vendor will be responsible for database response and web service performance. In this manner, database response is required to be 1 sec or less.
2.30	Exhibit B-General Vendor Requirements Questionnaire	52.2.4	67	Can you provide clarification or examples of what is intended by “online tools” in this context?	As requested, please describe any online support tools available for your customers. This could include online documentation for download, the ability to query your knowledge base, customer-specific project sites, issue entry/tracking, etc.
2.31	Exhibit D-Technical/System Requirements Questionnaire, First Round Questions Response	T.3.3.1 T.3.3.4, Also Question 29	73, 7	Given the clarification in question 29, HL7 2.X and NCPDP still required?	As noted in Q29 of the first-round questions: the following formats are required: For publishing to the RLS – HL7 v3.0 For the web service response – CCD Depending on the vendor’s need for the AHCCCS Emulator to assist in translating submitted data to these formats, the requirements noted in T.3.3.1 and T.3.3.4 may not be necessary. If the Emulator is to be used, industry-standard transactions will be required as inputs.
2.32	Exhibit D-Technical/System Requirements Questionnaire	T.4.2	73	What is meant on page 73 by “36” in item T.4.2: Service Level Agreements for operations shall be on a 24x7x36 basis, with system redundancy, so the system does not experience maintenance downtime.	This is a typo. The item should read: Service Level Agreements for operations shall be on a 24x7x365 basis, with system redundancy, so the system does not experience maintenance downtime.
2.33	QUESTION AND RESPONSE FORM	Q&Rs - #10; #11; #40; #54; #55	3; 9; 13 of Q&R	A.) Can you provide a list of the AHCCCS-contracted plans and their respective PBMs?	A) See Q2.1 and Q2.2 of this document. B) AHCCCS health plan contracts currently do not have such a requirement. AHCCCS may be

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				<p>B.) Will current and future participating Data Providers, for the purposes of this contract, be required by AHCCCS to submit the data to Vendor and cooperate in the establishment and maintenance of these relationships and interfaces?</p> <p>C.) What are the liabilities for Vendor, as well as Data Provider, if a relationship fails to be established or maintained?</p> <p>D.) Is there an option for Vendor to receive medication history and claims data as these are being submitted to AHCCCS, prior to inclusion in the Data Warehouse by AHCCCS?</p>	<p>able to facilitate the receipt of Medication History data from AHCCCS-contracted payers. AHCCCS believes that vendors possessing data sharing relationships with AHCCCS contracted plans may have a more rapid time to implementation.</p> <p>C) The inability of vendor to deliver information as described by AHCCCS will be evaluated based on the circumstance. Non-renewal or termination of the vendor contract is possible.</p> <p>D) Currently, the latency of the pharmacy data submitted in fulfillment of AHCCCS contractual requirements renders it unacceptable to meet the requirements for Phase I.</p>
2.34 22	First Round Question Responses	Question 31	8	The answer to 31 indicates the mechanism whereby RLS updates occur, however, the expected frequency of metadata updates still remains unclear. What is the minimum expected of RLS updates for any given patient?	RLS updates would be maintained by the vendor when changes to the metadata occur. This data is used in the Patient search and linking mechanism and should be kept current. It is expected that the RLS is updated, at a minimum, when changes to the Medication History occur. Near real time is the goal.
2.35 1	General, First Round Question Answers	Question 35	8	If the vendor solution supports the preferred web services interface but also offers a Viewer alternative should the vendor answer question as they would apply to both the Viewer alternative and interface solutions or only the preferred	The preferred solution was described in the RFP. Each vendor needs to determine their best strategy for competitive pricing relative to their proposed solution. Schedules A&B offer a mechanism for detailing Optional modules. You may wish to use this approach.

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				interface solution?	
2.36 24	First Round Questions Response	Question 33	8	Can you define “high availability” precisely? For example what is the expected percent up time (e.g. 99.9%), excluding scheduled down time? What is maximum downtime for any unscheduled outage event?	We would like the vendor to provide 99.9% uptime. There are no strict levels of service around an outage. We expect any outage should be resolvable within 8 hours. In the AHCCCS core environment, all the servers have a redundant pair, so no single outage should take down the core. Full reporting to AHCCCS post-event is required.
2.37	PRE-BID CONFERENCE			Can you provide a copy of the sign-in sheet or a list of Pre-Bid Conference attendees and their respective companies?	The conference sign-in sheet will be faxed to your representative if you call the contact person listed on page 1 of the RFP.